



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: WO/40004CL1035

Work Order Type: Weatherization

Audit Name: 40004CL1035

CLIENT INFORMATION

Client Name:

Address:

Client ID: 40004CL1035

Alt. Client ID: MONTGOMERY

AGENCY INFORMATION

Agency: Clarksville-Montgomery CCAA

Agency Phone: (931) 648-5774

Address: (PO Box 487) 350 Pageant Lane, Suite 307
Clarksville, TN 37041-0847

Fax: (931) 648-5784

Email Address: wendyfuqua@hotmail.com

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

1/2 OF DUPLEX - 687 SQ. FT. LOG CABIN BUILT IN 1960 IN A CRAWL SPACE

ALL WORK TO BE DONE IN ACCORDANCE WITH THE TENNESSEE WEATHERIZATION FIELD GUIDE

CONTRACTOR IS RESPONSIBLE TO VERIFY DIMENSIONS AND SCOPE OF WORK PRIOR TO BID

CERTIFIED FIRM/RENOVATOR REQUIRED

PRE-WORK BLOWER DOOR 3768 @ -50

POST WORK TARGET IS 2250 @-50

AUDIT DATE 3/29/12

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Measures

Measure 1 Infiltration Redctn

Components

Inspected

- Comment** 1. SEAL CEILING RIM JOISTS AROUND THE PERIMETER- GAPS OF 1/2 " OR LARGER EXIST - FINISHED PRODUCT MUST PRESERVE THE NATURAL LOOK OF THE CABIN - MAKE IT NEAT AND COLOR IT DARK BROWN
2. W/S WINDOW A/C UNIT
3. INSTALL W/S AND DOOR SWEEPS ON FRONT AND BACK DOORS - REMOVE EXISTING AND REPLACE WITH NEW - ADJUST TO INSURE PROPER CLOSURE
4. AS HOME TIGHTENS UP, CAULK AS NEEDED TO ACHIEVE INFILTRATION TARGET

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11		LABOR	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

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Measure 2 Attic Ins. R-38**Components** A1**Inspected****Comment** INSTALL ATTIC ACCESS ENERGY LID- APPROXIMATELY 22" X 22" W/S
AND INSULATE☐

INSTALL DAM AROUND PERIMETER OF MASONARY FIREPLACE

BOX AND SEAL CAN LIGHT

COORDINATE WITH CLIENT TO ALLOW MOVING OWNER ITEMS FOR
ACCESS

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Cellulose, Blown - R-38	SqFt	687	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Attic Insulation - Cellulose, Blown - R-38	SqFt	687	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 3 Lighting Retrofits****Components** L1**Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Lighting	Compact Fl. - 13 Watt	Each Lamp	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Compact Fl. - 13 Watt	Each Lamp	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Measure 4 DWH Tank Insulation**Components****Inspected****Comment** 38 GALLON ELECTRIC WATER HEATER IN WOOD CABINET IN BATHROOM☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equip	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 5 DWH Pipe Insulation****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 6 CO Monitor is Needed**Components****Inspected****Comment** INSTALL NEW CARBON MONOXIDE DETECTOR☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 7 PressureRelief Piping Needed****Components****Inspected****Comment** INSTALL A PRESSURE RELIEF DISCHARGE PIPE- TERMINATE 6" ABOVE FLOOR OR OUTSIDE THE DWELLING. THE DISCHARGE PIPE SHOULD BE MADE OF RIGID METAL PIPE OR APPROVED HIGH TEMPERATURE PLASTIC PIPE☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Pressure relief piping	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Measure 8 Smoke Detector is Needed**Components****Inspected****Comment** INSTALL NEW SMOKE DETECTOR- IN HALLWAY NEAR BEDROOMS☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Work Order Grand Total:** **Grand Total:**

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